


***2006 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 258687
 1. Entity Name
NANSHAR CORP.



Principal Place of Business Mailing Address
1600 WEST AVE. **1600 WEST AVE. #402**
MIAMI BEACH, FL 33139 **MIAMI BEACH, FL 33139**

DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1000689	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GUMPEL, SHARON
3318 OTTAWA LANE
HOLLYWOOD, FL 33026

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUMPEL, SHARON 3318 OTTAWA LANE COOPER CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EPSTEIN, ROBIN 3267 NE 168TH ST. NORTH MIAMI BEACH, FL 33160
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Sharon Gumpel Sharon Gumpel 2/21/06 305 531-1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #